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ABSTRACT

The number of children and adult women known to have experienced an incestuous relationship is growing. Clinical case studies, systematic empirical case studies, and comparative empirical studies have been conducted to examine the effects of incest. Although few studies have been able to directly connect psychological and relational problems of incest victims with the incest experience itself, some of the hypothesized effects have been supported. Studies have suggested that, compared to other groups, women with a history of incest may experience more sexual and heterosexual difficulties, have more negative feelings and attitudes toward sex, and have less trust in men and male/female relationships. Children who have been in an incestuous relationship often engage in significantly more sexual behavior and demonstrate more interest in sex than do their peers. In adolescence, this behavior may take the form of promiscuity. Hypothesized effects of incest which have not been supported by systematic research include guilt and shame, depression, self-destructive behavior, psychosomatic disorders, anger and aggression in adults, dissociative experiences, multiple personality, and family problems. The effects of sexual abuse may depend largely on the treatment the victim receives after the incest stops. In addition, there are individual and family variables that may mediate the type or intensity of the effects an individual experiences. Studies of various interaction effects need to be conducted in order to identify and understand these variables. A five-page reference list concludes the document. (NB)

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THE EFFECTS OF INCEST: A REVIEW OF THE LITERATURE PERTAINING TO WOMEN AND CHILDREN

BY

LISA ELAINE WARNER

A doctoral research paper submitted to
Rosemead School of Psychology
in partial fulfillment of the requirements
for the degree of
Doctor of Psychology

La Mirada, California

1986

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Doctoral Research Paper
for the Degree of Doctor of Psychology

ROSEMEAD SCHOOL OF PSYCHOLOGY

BIOLA UNIVERSITY

LISA ELAINE WARNER

1986

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Abstract

This review examined the literature on the effects of the incest experience on the female victim as a child and as an adult. The goal was to discover which of the hypothesized effects of incest on the victim are supported by the literature and which are not. Beginning with an overview of the research and a summary of the first major review of the effects of incest, this review examined the literature dealing with observed psychological and relational effects and evidence for individuals experiencing no negative effects. Recommendations were made for future research of the effects of incest.

The Effects of Incest: A Review of the Literature Pertaining to Women and Children

The number of individuals who have been victims of incest is difficult to estimate. Results of studies vary, from 19% of adult women in the total population (Finkelhor, 1979), to 33% (Rosenfeld, 1979) or 37% (Emslie, 1983) of psychotherapy patients. While the numbers in these studies vary, they do show that there is a substantial group of women who must deal with having had incestuous experiences in their childhood. Increasingly, many of these women have turned to mental health professionals for help.

As a result of women seeking professional help in dealing with the experience, literature on the impact of incest has been growing rapidly. A large number of case reports, based on clinical observation, are now available. These have formed the basis for ideas about diagnosis, etiology and treatment. While case reports provide a wealth of information; the conclusions reached must be viewed with caution due to the uncontrolled nature of the design. Fortunately, there is a small growing number of well designed empirical studies. Some of these support the contemporary ideas held about incest victims and some do not.

The first goal of this paper is to review the existing literature focusing on the effects of the incest experience on the female victim as a child and as an adult. This

gender focus is primarily due to the fact that the study of the impact of incest on the female victim is much more developed than that of the male victim. The second goal of this paper is to point out which of the contemporary ideas about incest victims are supported and which are not.

This review will begin with an overview of the research being conducted in this area. The next section will contain a summary of the first major review to focus specifically on the effects of incest. The main body of this paper will review the literature dealing with observed effects such as guilt, low self-esteem and sexual dysfunctions.

The State of Research

Inherent Research Problems

Researchers attempting to study the effects of incest must face various obstacles inherent in any incest research (Meiselman, 1978). First, though the number of known victims is growing, the population is still relatively small. Second, the emotional intensity of the subject, along with the social and legal sanctions, often stop potential subjects from identifying themselves. Thirdly, subjects are most commonly obtained from child protective service records, mental health facilities, court records and prison records. Such samples are not representative because they do not necessarily include that portion of the population that is not experiencing difficulties or whose incest experience remains a secret. Finally, studies of effects have

to be conducted after the fact. Consequently, researchers must use correlational designs which require that any statements about cause and effect must be made cautiously.

Studies Based on Clinical Observation

The majority of literature dealing with the effects of incest is based on case studies which vary widely in content. Some provide an indepth history of the individual, a description of the characteristics of the incest experience and a description of the symptoms the individual experienced afterward. Others provide little detail, attempting instead to describe the prominent features of a group of individuals which may vary in size from four individuals to hundreds.

Case studies have played an important role in spite of their diversity. They allow clinicians who have no experience with incest victims to gain from the experience of those who have. They also provide information used to generate hypotheses for future study.

Though case studies are useful, the information gained from them must be interpreted carefully, primarily due to their lack of a comparative group. Without a comparative group the distinctiveness of an observed symptom to the incest group cannot be established. The marital problems of adult incest victims (Meiselman, (1978) are a case in point. Without comparative information from a control group it is not possible to state that the incidence or type of marital problems experienced by those with a history of incest are

any different from the marital problems experienced by any other group of individuals.

In addition to control groups, dependent variables must be operationally defined in order to allow them to be systematically measured. For example, unless the category, "marital problems," which could have a number of meanings, is defined more specifically and measured by some systematic means, there is no way to accurately compare results across similar studies.

Studies Based on Systematic Measurement

In response to the need for more systematic research dealing with incest, a number of studies have been conducted. Table 1 lists 14 studies of the effects of incest, including 11 which were published since the last major review (Meiselman, 1978). This table includes studies which use some systematic means to measure the effects they are studying or incorporate a comparative group in their design.

The studies in Table 1 are essentially of two types. The first type are empirical case studies. They attempt to quantify their observations by using systematic measurement instruments, yet they are still case studies in that they do not incorporate a control group. The second type are comparative empirical studies. In addition to systematic measurement of the dependent variable, they include comparison groups in their design.

While all of the studies in Table 1 include systematic

Table 1
A Comparison of Empirical Studies of the Effects of Incest*

Study	Subjects	Comparison Groups	Systematic Measure
	Systematic Empirical Case Studies		
Gagnon (1965)	333 adults all sex offenses	None	Reanalysis of a previous survey
James & Meyerding (1977)	136 prostitutes	None	Questionnaire
Finkelhor (1979)	796 college students, male and female	None	Questionnaire
Gross (1980)	25 chronic pelvic pain patients	None	Structured interview; MMPI; Zung Depression Scale; Questionnaire
de Young (1982)	45 incest victims, ages 7-38	None	Questionnaire
Silver, et al. (1983)	77 adult women	None	SCL-90; Social adjustment scale; Social roles scale; Questionnaires
VanBuskirk & Cole (1983)	8 psychotherapy patients	None	Leary Interpersonal Checklist; Assertion inventory; Questionnaire
LaBarbera (1984)	81 college students, ages 17-24	None	Semantic differential task; Questionnaires

Table 1 (continued)

Study	Subjects	Comparison Groups	Systematic Measure
	Comparative Empirical Studies		
Meiselman (1978)	76 psychotherapy patients	Incest(26) Control(50)	Questionnaire
Tsai, et al. (1979)	90 adult women	Incest/clinic (30); Incest/ nonclinic(30); No incest/ nonclinic(30).	MMPI; Adjustment Scale; Questionnaire
Meiselman (1980)	32 psychotherapy patients	Incest(16) No Incest(16)	MMPI
Langmade (1983)	68 psychotherapy patients	Incest(34) No Incest(34)	Sex Anxiety Inventory; Mosher Sex Guilt Scale; Questionnaire
Owens (1984)	34 psychotherapy patients	Incest(17) No Incest(17)	Rorschach
Yates (1985)	35 psychotherapy patients ages 3-17	Incest(18) No Incest(17)	Draw-A-Person

* Compared by subjects, comparison groups and assessment tools used.

measurement there is considerable variation in the measures used. Assessment approaches range from questionnaires and scales designed specially for one study to standardized instruments such as the MMPI and the SCL-90. Seven of the studies in Table 1 focus on problems in sexual and hetero-sexual functioning. Despite the similarity of problems

being studied, each study chose different ways to measure the problem. The lack of equivalence of these measures makes it difficult to compare their results.

The ideal in experimental studies is to use standardized assessment instruments and multiple measures of the dependent variable. Eight of the studies in Table 1 incorporate standardized assessment instruments and six incorporate multiple measures.

Table 1 lists six comparative empirical studies. Five of the six compare two groups of psychotherapy patients, one with a history of incest and one without. This design adds to an understanding of how the symptoms experienced by incest victims differ from those of other psychotherapy patients. Yet, it also leaves some questions unanswered.

The first question concerns the need to understand those incest victims who are not part of a clinic population. The attempt to study incest victims who are part of a clinic population clearly reaches a substantial number of the total population of incest victims. However, it would be a mistake to assume that any clinic group is representative of the total population of incest victims. Whether these two groups differ significantly becomes an important question that needs to be answered. For example, the study done by Tsai, Feldman-Summers and Edgar (1979) contained a group of incest victims who had never sought psychotherapy and considered themselves well adjusted.

Another question concerns whether incest victims differ from individuals with other backgrounds. Such comparison groups might include individuals who experienced other types of sexual abuse besides incest, individuals who were physically abused as children or individuals who had a dysfunctional family background that did not include incest. These comparison studies will help to delineate the unique aspects of the incest experience and how it affects victims.

Though the body of empirical research is still relatively small, its impact would be greatly enhanced by attempts to build on the results of previous studies. The number of obstacles to conducting research with incest victims makes it all the more crucial that each study builds on previous work. The purpose of this updated review is to examine the literature on the effects of incest, putting special emphasis on the studies in Table 1. It is hoped that this examination will help in planning future research.

Meiselman's Review

The last major review of literature pertaining to the effects of incest was written by Meiselman (1978) and covers literature published before 1979. She examines the evidence for short and long term effects on the victim, perpetrator and the family. She also discusses the difficulties of doing research and the shortcomings of the research to date. A chapter on treatment recommendations is combined with her conclusions. The book contains a report of her own study of

adult incest victims, the results of which will be included in later sections of this literature review.

Evaluation of the Research

In her evaluation of the research, Meiselman first points out that many studies have small samples of ten or less subjects. Second, in many studies all the patients were seen by the same therapist not allowing for control of bias. Third, the definition of incest has been inconsistent. Some authors use a narrow definition, such as intercourse with the natural father. Others use a broader definition, such as any sexual behavior with an individual who plays a parental role to the victim or who would be considered an inappropriate sexual partner because of familial ties. Some studies simply do not state the definition they used. Fourth, she noted the lack of studies using systematic measurement instruments; unstructured interviews and psychotherapy records being the primary data sources. Finally, she was concerned that so few studies included the use of a control group.

Causes and Effects of Incest

After extensively reviewing the literature, Meiselman (1978) drew some conclusions about the evidence for the effects of incest on the individual. The evidence related sexual and marital problems experienced in adulthood by individuals with a history of incest to their childhood incest experience.

In contrast, there is not enough evidence to suggest that other hypothesized symptoms, such as depression and low self-esteem, are related to the incest experience. These symptoms are more likely the result of an interaction between the incest and one or more problem factors in a child's background. Such factors include general family dysfunction, lack of early nurturance, and other developmental and constitutional problems.

She concludes that until more controlled research is completed, further statements about the effects of incest cannot be made with confidence.

Effects

Incest is believed to be a highly traumatic situation which has extensive negative consequences for the victim. This has not always been the case. As late as the 1950's, many clinicians believed that incest did not necessarily cause harm, and might even be beneficial, if it occurred in a warm parent-child relationship (Bender & Blau, 1937). Clearly, clinical observation of the effects of incest has produced varied conclusions. The purpose of this section will be to examine, and in some cases reexamine, the evidence for the effects of incest on the victim.

No Effects

In addressing the issue of effects, the first question is whether there are some victims who have no negative effects from the incest experience. For the purposes of

this paper, negative effects will be defined as any symptom or other life problem which is preventing the individual from gaining a satisfactory adjustment in all or part of their life.

Inadequate Studies Showing No Effects. Three studies are often cited as supporting the view that incest can have no negative effects (Bender & Blau, 1937; Bender & Gruggett, 1952; Yorukoglu & Kemph, 1966). The first of the three is an initial case report (Bender & Blau, 1937) and the second a follow-up of the same patients 15 years later (Bender & Gruggett, 1952). The subjects of both these reports are 16 children referred primarily by juvenile court for observation on the children's ward of a psychiatric hospital. The descriptive information was gained during the initial period of observation and from records of any treatment provided.

In the first study (Bender & Blau, 1937), six of the children manifested school problems including low interest, poor work and truancy. Seven children were described as hyperactive, restless and impulsive. Eleven demonstrated sexual problems which included preoccupation with sexual topics, compulsive masturbation and exhibitionism. All the children received treatment and some were noted to respond successfully while others continued to have difficulties.

The authors of this study drew the following conclusions. Those who improved were "potentially normal",

meaning they were well-adjusted before the incest and, therefore, continued to be after it ended. The other children who continued to have symptoms had problems before the incest occurred and, therefore, also had symptoms after the incest ceased. According to the authors, these children would have had similar problems even if the incest had not occurred. Unfortunately, the authors do not acknowledge the treatment the children received or attempt to hypothesize how it may have affected the outcome.

The second follow-up study (Bender & Gruggett, 1952) was conducted about 15 years later and sought to discover the adult adjustment of the children. It is based on 12 of the original 16 children. Six of the children appeared to be leading a normal life, defined as working and being happily married. The other six were having continued problems. Three had a history of promiscuity and illegitimate pregnancy. The other three had developed psychotic symptoms and had histories of periodic hospitalization. With half of these former abuse victims in a good adjustment, the authors conclude that incest need not have negative effects on a child participant.

Other authors (Gelinas, 1983; Lewis & Sarrel, 1969; Meiselman, 1978; Sloane & Karpinski, 1942; Tsai, Feldman-Summers & Edgar, 1979) cite these studies as supporting the notion that incest is not a traumatic experience for children. However, it is apparent that the original authors and

those citing the studies later, misinterpreted the results.

First, all the children had significant negative symptoms at the time of the initial evaluation. Second, all the children received some type of inpatient treatment and some received several types of treatment. Furthermore, every child had been removed from his or her home, and therefore, protected from further incest. Finally, many of the children's mothers received some treatment to support their role as a parent.

To conclude that the serious symptoms were attributable to problems existing prior to the incest is premature. Though it is impossible to conclusively state that their problems were caused by the incest, it is equally impossible to attribute their problems only to situations prior to the incest. In addition, it is inaccurate to draw conclusions about the impact of incest from those who were doing well 15 years later. Since extensive treatment was provided for all the children, interpretation of their present status must take this into account.

The third report (Yorukoglu & Kemph, 1966) is based on case studies of a boy, age 13, and a girl, age 17. The authors state that the effects resulting from the incest were not "severe" because a follow-up of the children after treatment showed that neither were manifesting symptoms. However, both these children did have symptoms initially. The boy on intake was sexually and physically aggressive

with peers and manifested intense guilt about the incest. The girl was fearful, anxious and guilty. Both children received extensive treatment. The boy received inpatient and outpatient treatment. The girl and her mother received outpatient treatment both together and separately. Also, the girl's father was removed from the home until the daughter was out of the home. The fact that these two subjects were not experiencing symptoms at the time of the study seems to address the issue of treatment outcome and effectiveness rather than the effects of incest. None of these studies present evidence of individuals free from the possible negative effects of incest.

Adequate Studies Showing No Negative Effects. Several studies suggest that some victims of incest have no difficulties in later life. A survey by Gagnon (1965) of 333 adult females who were child victims reported that 72% were having no difficulties in later life. However, not all the women in this study had been in an incest experience. Some had been abused by strangers. The authors do not report what portion of these individuals experiencing no difficulties were incest victims.

Another survey, (Finkelhor, 1979) of college students who reported being childhood victims, revealed that while 66% perceived it as negative, 7% actually saw the experience as positive. However, no attempt was made to discover if viewing it as positive was correlated with a lack of

negative effects.

In a study by Hunter, Kilstrom & Loda (1985) of 51 children who were treated for incest, 15% came to the attention of mental health professionals by accident. They had no symptoms themselves, but were discovered because a sibling was symptomatic. Subsequent psychiatric evaluation confirmed their lack of symptoms.

Tsai et al. (1979) compared three groups of adult women. This study revealed some of the characteristics of victims who had never sought treatment and considered themselves well adjusted (the nonclinic group) that differentiated them from incest victims who had sought treatment (the clinic group).

In relation to the incest experience, the nonclinic group was an average age of 8 years old when the last molestation occurred, while the clinic group was an average age of 12. Furthermore, the mean duration of the incest for the clinic group was 4.7 years while for the nonclinic group it was 2.5 years. Frequency was high (two or more times per week) for 50% of the clinic group as compared to 30% of the nonclinic group. For 70% of the clinic group, intercourse was attempted, as compared with 40% of the nonclinic group. In summary, the nonclinic group had a significantly earlier, shorter and less frequent incest experience, that contained less actual intercourse than did the clinic group.

Another important result is that the nonclinic group

showed no difference from the third group, a nonclinic, nonincest control group who also rated themselves as well adjusted. The groups were given the MMPI as well as a current sexual functioning survey. No differences were found between the nonclinic group and the nonclinic, control group on these measures.

This study supports the hypothesis that individuals can experience incest as a child and not suffer serious negative effects in later life. It also begins to provide some clues to variables that may effect this outcome. Furthermore, it incorporated control and comparison groups and used objective measurement instruments. Finally, it is the only study contributing to the understanding of incest victims who are not part of the clinical population. It is unfortunate that no study since has attempted to study this group. It is possible that researchers have difficulty believing in the existence of such individuals. However, this study by Tsai et al. (1979) confirms the existence of a group of incest victims who perceive themselves as well adjusted. Whatever the size of this group, it is important to understand what factors helped them to gain a better adjustment than other incest victims.

Psychological Effects

Many observations have been made about the psychological effects of incest, based on the presenting problems of women and children seeking treatment. These observations

can be grouped into several types of effects as follows: exclusively short-term effects, guilt and shame, depression and low self-esteem, anger and aggression, impulsivity, self-destructive behavior, psychosomatic complaints, dissociative experiences and multiple personality.

Short-term Effects. Short-term effects are those which occur within days or months after the incest has begun. For the purposes of this paper, they will be limited to the acute symptoms seen after incest that may abate once the actual incestual activity ceases. All the effects discussed in this paper have been observed immediately after the cessation of an incest experience. However, those which are commonly observed later will be addressed separately as long-term effects.

Lewis and Sarrel (1969) included one or two cases in each developmental age group: infancy, early childhood, middle childhood and adolescence. In each case the incest had recently been reported and halted. Two symptoms were found in significant frequency. The first was heightened feelings of fearfulness and anxiety observed in all the children. Some were symptoms directly related to the incest, such as fear of the perpetrator, dread and preoccupation with when the next incest encounter would occur, and fearfulness about the future once incest had been revealed. Other symptoms were not so clearly related, such as a heightened startle reaction and phobias, which all the

children below age 12 manifested in some form. There are reports of these symptoms in latency age and younger children (Brant & Tisza, 1977; Finkelhor, 1979; Krener, 1985; MacVicar, 1979; Meiselman, 1978; Yorukoglu, 1966).

Another reaction observed by Lewis and Sarrel (1969) was somatic. These children showed multiple physical symptoms including pain in the genital organs, stomachaches and headaches. Problems with eating and digestion, including vomiting, were common. Other studies have reported similar somatic reactions (Brant & Tisza, 1977; Hunter, Kilstrom & Loda, 1985; Krener, 1985; MacVicar, 1979).

De Young (1982) attempted to assess short-term effects by a retrospective design. Forty-five females with a history of incest were asked about engaging in self-injurious behavior as children. Fifty-seven percent or 26 of these women indicated they had inflicted injuries on themselves for periods of three or more months. These behaviors included scratching arms and legs, damaging the head and face, and self-poisoning. All of the women began these behaviors after the onset of the incest and ended them when the incest ceased. None of the women had a history of physical abuse which could have accounted for these injuries. Many explained that they were angry with themselves and felt a need to punish themselves. A few women hoped, by appearing unattractive, to be left alone.

This brief review raises questions about short-term

effects. One question involves the actual incidence of these effects. For example, phobias are often reported, but are not systematically measured. Is there actually a high incidence of phobias experienced by incest victims? A more important question involves the difference in short and long term effects. What are the differences in the symptoms or in the individuals which cause some short term symptoms to abate while others become long term? The answer to this question would be especially important to those involved in the early treatment of incest victims.

Behavior Problems. The term behavior problem is used only with children and refers to a variety of behaviors, from disobedience at home or school to assaultive behavior or fire setting. A number of reports mention observing behavior disorders without clearly specifying their exact nature, which leaves the results open to considerable speculation about whether the behavior was mild or severe (Krieger, Rosenfeld, Gordon & Bennett, 1980; Krener, 1985; MacVicar, 1979). Despite lack of specificity, the fact that Krener (1985) and MacVicar (1979) report a 100% incidence of behavior problems in their sample is noteworthy.

Several reports mention the prevalence of learning and school problems (Hunter, Kilstrom & Loda, 1985; Kaufman, Peck & Tagiuri, 1954; MacVicar, 1979). MacVicar (1979) states that all the latency age children in his sample had problems with school achievement. Kaufman et al. (1954)

reported that 10 of the 11 children in their sample had learning difficulties. More recently, in a sample of 51 children, Hunter (1985) reported that 45% had school achievement problems.

Two reports mention other behavioral problems. In the study by Kaufman et al. (1954), 4 of the 11 adolescents had trouble with stealing and truancy. Molnar and Cameron (1975) found that adolescent girls who were reported as runaways revealed they were incest victims prior to running away.

Another behavior problem, hypersexuality, refers to an individual who demonstrates interests and actions related to sex which are greater than that normally observed in their age group. A number of case reports mention such behavior in children under age 12 (Krieger et al., 1980; Weiss, Roger & Darwin, 1955; De Young, 1984; Yates, 1982). These children are described as preoccupied by sexual interests, acting seductively with adults, engaging in sex play with other children, undressing or touching their genitals in public.

The related problem of promiscuous behavior in adolescents is noted in other case reports (Gligor, 1966; Lewis & Sarrel, 1969; Krieger et al., 1980; Malmquist, Kiresuk & Spano, 1966; Rosenbaum & Weaver, 1980; Sloane & Karpinsky, 1942). In one report (Kaufman et al., 1954), ten of eleven 10 to 17-year-olds were observed to have problems with

inappropriate sexual behavior.

MacVicar (1979) studied two groups of girls who had been sexually abused. Girls in one group were abused by a stranger one time only. Girls in the other group were abused by a family member over a period of time. All the girls were rated during a psychiatric intake interview which included the girls and their parents. Half of the girls in the incest group had sexual behavior problems, including seductiveness and preoccupations with sex. None of the girls in the stranger group were rated as having any unusual sexual interests.

Yates, Beutler & Crago (1985) compared two groups of 17 children, one consisting of children referred because of incest and the other referred for other problems. All the children were administered the Draw-A-Person test at intake which was later rated by clinicians unaware of the history of the children. They found that the drawings of the children in the incest group contained significantly more sexualization of the drawings, including drawings with genitalia or overemphasized sexual characteristics.

A final study by James and Meyerding (1977) dealt with the early sexual experiences of women who later become prostitutes. One hundred thirty-six prostitutes, found through court records and field observation, answered questionnaires dealing with their early sexual experiences. Of these women, 46% had sexual activity with an adult while

still a minor and before their first intercourse. While it is unclear how many of these experiences could be called incestuous, the size of this statistic suggests that the same experience that may cause hypersexuality in children may have played a part in the lives of some women who became prostitutes.

There is considerable evidence for behavior problems in children who were incest victims. However, the present state of the research makes it impossible to say that these behavior problems are correlated with incest.

Guilt and Shame. Guilt and shame are commonly reported in incest victims. One clinician (Tsai & Wagner, 1978), who conducts therapy groups for women who were sexually molested as children, finds them expressing strong feelings of guilt. These feelings may be related to the incest experience itself, to having kept it a secret, to the consequences for the family once the incest is revealed or to their own intense feelings of anger and resentment toward the family.

In conducting a pilot group for incest victims, Gordy (1983) reported that guilt and shame, along with isolation from others, were the first issues raised by her six member group. In a study of time-limited group therapy (Herman & Schatzow, 1984), 30 women in five groups, all with a history of incest were studied. Dealing with feelings of guilt or shame about the incest experience was common among the women. Other studies report similar observations. (Lindberg

& Distad, 1985; MacFarlane & Korbin, 1983).

One final study (Kaufman et al., 1954) of 11 children, ages 10 to 17, revealed that all experienced feelings of guilt about the incest experience. This guilt related not only to the incest itself, but also to the upheaval which had occurred in the family after the incest was revealed. Other case reports have noted this problem in children (Krener, 1985; MacVicar, 1979; Sloane & Karpinsky, 1942).

From this discussion, it is apparent that all of the studies reporting guilt or shame are case studies. There is presently no empirical evidence to support the hypothesis that incest victims experience significantly high levels of guilt. Since clinical case studies commonly report this symptom in adult women, there needs to be an attempt to empirically validate this observation.

Depression and Low Self-Esteem. Women with a history of incest are often reported to complain of low self-esteem and symptoms of depression (Courtois & Watts, 1982; Fowler, Burns & Roehl, 1983; Gelinas, 1983; Herman & Schatzow, 1984; Herman & Hirschman, 1977; Rychtarik, Silverman, Van Landingham & Prue, 1984; Sloane & Karpinsky, 1942; Tsai & Wagner, 1978; Westermeyer, 1978; Wooley, 1984). Depression is also reported in children, though not as frequently as in adults (Kaufman et al., 1954; Krener, 1985; MacVicar, 1979; Molnar & Cameron, 1975; Sloane & Karpinsky, 1942). The depression reported in these case reports ranges from

melancholia or dysforic mood to the vegetative signs of depression such as insomnia or weight loss. The variation from a few mild symptoms to a major depressive reaction makes it difficult to tell how significant depression and depressive symptoms are among incest victims.

Van Buskirk (1983) administered the Leary Interpersonal Checklist, which measures reported self and ideal concepts, to eight women whose stated reason for seeking treatment was incest experiences in the past. A majority of the women had a significant discrepancy between their self-concept and their ideal self. They described their ideal self as confident, assertive, self-reliant and not gullible. Each viewed herself as displaying the opposite of these qualities. Unfortunately, without a comparative group it is impossible to demonstrate that this discrepancy is related to the incest experience.

Owens (1984) used two matched groups of outpatient psychotherapy patients, one with a history of incest and one without, in his study. Both groups were administered the Rorschach. The incest group had significantly fewer reflection responses, which is an indication of self-concern and ego-centricity (Exner, 1974). These incest victims in this study appeared to be lacking in normal self-concern and egocentricity.

Reports of low self-esteem are found in case material and in the two empirical studies in this section. Reports

of depression are found only in the case reports. As yet, no empirical study has attempted to measure the incidence of depression in incest victims. In addition, the wide variation in the way the term depression is used makes it impossible to rely on the case reports stating it is a common symptom in incest victims.

Self-destructive Behavior. Self-destructive behavior, ranging from mild to severe, has been observed in incest victims. Studies of both adults and children mention the presence of substance abuse (Courtois & Watts, 1982; Fowler et al., 1983; Gordy, 1983; Rychtarik et al., 1984). The report by De Young (1982) noted self-injurious behavior in children during the incest experience. Other reports mention suicide attempts as common among incest victims (Courtois & Watts, 1982; Gordy, 1983; Molnar & Cameron, 1975; Silver, Boon & Stones, 1983).

One of these reports deserves closer attention. In this study (Silver et al., 1983) incest victims were solicited through newspaper articles. Of the total sample, 77 adult women or 80% of the sample returned the questionnaire. When asked about suicide, 40% of the women indicated they had attempted suicide at least once because of emotional problems attributed by them to the incest. This is the only study examining the prevalence of suicide attempts among incest victims. Suicidal and other self-destructive behavior among incest victims, such as substance abuse, need

to be the focus of comparative empirical research.

Psychosomatic. The problems described here as psychosomatic indicate that the individual is experiencing physical symptoms that have no originating disease. When Courtois (1980) asked 31 female psychotherapy patients to rate the severity of aftereffects of their incest experience, they rated the incest as having a mild to marked effect on their physical well being. In a study of 32 patients in a psychiatric practice 6 or 18% presented with psychosomatic problems, such as peptic ulcers, headaches and ulcerative colitis. In another report (Courtois & Watts, 1982), based on outpatient cases, physical complaints were commonly reported. These included migraine, backache, and various gastrointestinal and genitourinary problems.

Psychosomatic symptoms have been noted in children as well. In a case study based on 11 children and adolescents (Kaufman et al., 1954), four of the children had somatic complaints, which required attention. Complaints included abdominal pain, stomachaches and genitourinary pain, which had no physical basis. In a study of 51 child incest victims (Hunter et al., 1985), all under 18, 29% were brought in for psychosomatic complaints.

A final study (Gross, Doerr, Caldirola, Guzinski & Ripley, 1980) was conducted with patients diagnosed with chronic pelvic pain, a condition in which recurrent abdominal pains trouble the individual and no pathological

origin can be detected. As part of a two hour psychiatric interview, 36% of these women revealed they had a history of incest with a father or a step-father.

These few studies dealing with the prevalence of psychosomatic complaints, have reported a wide range of figures, from 18% to 29%. Despite the variation, these figures seem large enough to warrant further investigation.

Anger and Aggression. Most articles dealing with treatment of adult incest victims mention the difficulty that they have dealing with feelings of anger. These clinically important observations are supported by a few case reports and one empirical study (Courtois & Watts, 1982; Herman & Hirschman, 1977; Owens, 1984). High levels of anger are most commonly noted in child incest victims (Bender & Blau, 1937; Brant & Tisza, 1977; Kaufman et al., 1954; Krieger et al., 1980; Krener, 1985; MacVicar, 1979; Yorukoglu, 1966). These case reports describe frequent temper tantrums and verbal outbursts, destruction of toys and other property, disruptive, and even assaultive, behavior. However, none of these reports use systematic methods of measurement so it remains unclear how directly the aggressive behavior is associated with incest.

One empirical study does mention anger in adults. In the study by Owens (1984) in which subjects were given the Rorschach, the incest group had significantly more blood responses. The author interpreted this as the individual

having aggressive feelings exceeding that expected in the average person. However, this is a more subjective interpretation not supported by one Rorschach expert (Exner, 1974).

While anger is mentioned in case reports and clinical lore asserts anger as a common symptom in child and adult incest victims, there is little empirical evidence to support the presence of anger in adults. Anger does seem to be a problem for some incest victims, as it is mentioned in case reports. However, the actual prevalence of this problem and its association with incest remains unknown.

Impulsivity. Impulsivity has been noted in several reports (Bender & Blau, 1937; Brant & Tisza, 1977; MacVicar, 1979; Sloane & Karpinsky, 1942). One study attempted to compare children with a history of incest to others without this history (Yates et al., 1985). Two groups of 17 patients were administered Draw-A-Person tests, which were rated by clinicians who were unaware of the patients' backgrounds. The results showed significantly higher impulsivity and repressive quality in the incest group. While impulsive behavior has mainly been identified in studies of children, it is probably also a feature of the aggressive and self-destructive behavior of adults, and of the self-destructive and behavior disorders of children.

Dissociative Experiences and Multiple Personality. A number of reports mention the presence of dissociative

experiences manifested by individuals with a history of incest (Courtois & Watts, 1982; Gelinas, 1983; Lindberg & Distad, 1985; Vidmar, 1984; Wooley, 1984). None of these report incidence but are based on unspecified numbers of their sample. These dissociative experiences include complaints of confusion in a person with no psychotic symptoms, feelings of unreality and depersonalization, gaps in memory or intrusive memories of the incest experience. These symptoms are mentioned by the authors as playing a role in the individual's interpersonal and sexual difficulties, by keeping them detached and disconnected from the external world and other people.

Multiple personality is included here, because of its nature as an extreme form of dissociative experience. Though considered a rare disorder, more than half of all cases of multiple personality have been reported since 1970 (Greaves, 1980). This rise in the rate of reporting either indicates an increase in identification or an increase in the occurrence of the disorder. Furthermore, some authors have noted a connection between multiple personality and incest. Greaves (1980), Rosenbaum (1980) and Saltman & Soloman (1982) have both reported patients with multiple personality and a history of incest. The combination of incest and multiple personality has also been reported in adolescence (Bowman, Blix, & Coons, 1985). The exact incidence of multiple personality and incest occurring in the

same individual is unknown. Greaves (1980) reports the combination is common. In addition, he speculates that it is particularly violent and sadistic incest experiences which generate psychic and physical trauma, causing the extreme dissociations seen in multiple personality.

There have been no systematic attempts to measure the incidence of dissociative symptoms and consequently no way to know how prevalent they may be. Nor is there a study revealing the actual correlation of multiple personality with incest.

Summary of Psychological Effects. Clearly there is evidence that incest victims do exhibit emotional and behavioral symptoms which are serious enough to bring them in for treatment. At issue is whether these symptoms are related to the incest experience. One study has suggested that these symptoms are no different in intensity or type from those experienced by others who have not been incest victims (Meiselman, 1980). Other studies have suggested that there are differences which are related to the incest (Gross et al., 1980; Owens, 1984; Yates et al., 1985). Unfortunately, there are important limitations in each of these studies. Furthermore, the difficulty in establishing cause and effect relationships after the fact make it difficult to draw conclusions as to which position is correct, or under which conditions both positions are true.

Tsai et al. (1979) has raised the issue of differences

between incest victims, in which some have psychological problems, while others do not. The size of this second group is still unknown. Yet, any attempt to understand the effects of incest must include these individuals who seem to be doing well. Future studies will greatly increase the understanding of the effects of incest by incorporating such a group in their design.

Interpersonal Effects

The relational problems commonly reported in the literature will be discussed in this section. General social attitudes and affiliative behavior, are covered first. A review of the frequently reported problems with sexual functioning and dysfunctioning will follow. Heterosexual relationships that are not specifically related to sexuality are discussed next, including friendship, dating and marital problems. Problems associated with family relationships to include the individual's parents and their own children, will be reviewed last.

General Social Effects. A number of case reports mention generalized difficulties with relationships as an effect of the incest experience (Boekelheide, 1978; Courtois, 1980; Courtois & Watts, 1982; Fowler et al., 1983; Gelinas, 1983; Gordy, 1983; Gross et al., 1980; Herman & Hirschman, 1977; Herman & Schatzow, 1984; Lindberg & Distad, 1985; Nasjleti, 1980; Rychtarik et al., 1984; Tsai & Wagner, 1978; Vidmar, 1984; Wooley, 1984). Common symptoms reported are

loneliness, withdrawal and isolation, feelings of detachment or estrangement from others, lack of close same sex relationships, and feelings of social inadequacy.

"Relational imbalance" is a condition (Gelinas, 1983) resulting from the incest victim being treated as though she is older than her chronological age. This relational imbalance is manifested in a tendency to be over responsible, to assume a parental, caretaking role in relationships and a tendency to be exploited. Social skills and personal talents tend to be underdeveloped and unexpressed. In her case report, Courtois (1982) says, "Relationships in general are often described as empty, superficial, conflictual or sexualized. The inability to trust is pronounced" (p. 276).

Two studies have attempted to empirically measure the relational problems described in these case studies. In the first study (Van Buskirk & Cole, 1983), eight women seeking treatment for incest were administered the Leary Interpersonal Checklist (LIC), and an assertion inventory. The LIC revealed a significant discrepancy between the actual and ideal self. Although the women defined an ideal self as assertive, self-reliant, self-confident and non-gullible, 77% of them had trouble asserting themselves. This discrepancy was further defined in structured interviews in which the women said that they feared not being assertive, and feared being taken advantage of in relationships. The common response to these fears was to be guarded in

relationships and to keep self-disclosure to a minimum.

The other empirical study (Owens, 1984) was conducted with two groups of psychotherapy patients, one with a history of incest and the other without. Both groups were given the Rorschach, which was scored by raters who were unaware of the subjects' history, using Exner's comprehensive system. The results showed that the incest group had fewer texture and popular responses. Few texture responses indicate a lack of awareness of the need for affection or an inability to feel such needs (Exner, 1974). Few popular responses indicate a lack of or rejection of conventionality and a minimized involvement with the social world (Exner, 1974).

Some persons with a history of incest have difficulties with emotional closeness in relationships. Owen's (1984) study suggests that these difficulties are different from those experienced by other psychotherapy patients. Other studies are needed to continue what this study has begun.

Sexual Dysfunction. By far the most common relational problems reported by incest victims are in the area of sexuality. The following case reports mention such complaints (Boekelheide, 1978; Fowler et al., 1983; Gelinas, 1983; Gligor, 1966; Gross et al., 1980; Herman & Schatzow, 1984; Lewis & Sauel, 1969; Molnar & Cameron, 1975; Rosenfeld, 1979; Tsai & Wagner, 1978). Three mention that women complained of feeling detached or emotionally cut off

during sexual activity (Gordy, 1983; Herman & Hirschman, 1977; Vidmar, 1984). Courtois (1982) mentions the inability to gain satisfaction from sex, even when the woman achieved orgasm. Reports of behavior in adults labeled as promiscuity are common (Gelinas, 1983; Herman & Hirschman, 1977; James & Meyerding, 1977; Lewis & Sauel, 1969; Malmquist et al., 1966; Medlicott, 1967; Rosenbaum & Weaver, 1980; Sloane & Karpinsky, 1942; Tsai & Wagner, 1978). Other reports assert that some women, in response to their sexual misgivings, are found to have chosen homosexuality as their preferred type of sexual expression (Medlicott, 1967; Meiselman, 1978; Van Buskirk & Cole, 1983).

There are seven empirical studies exploring the complaints of sexual dysfunction. Meiselman's (1980) study used two groups of psychotherapy patients and the MMPI. She found that the subjects with a history of incest answered significantly more of the critical items in the direction of sexual disturbance. While these critical items cannot be reliably used individually, as a group they can indicate an individual who is having worries or misgivings in that particular area (Dahlstrom, Welsh & Dahlstrom, 1972).

The study by Van Buskirk and Cole (1983) found that over half of the women reported poor emotional and sexual satisfaction in their relationships with men.

In a study by Courtois (1980), 31 female psychotherapy patients were asked to rate the aftereffects of incest on

their sexual life. The ratings were done with a Likert-type questionnaire developed for this study. The incest was judged by 80% of the women to have marked or severe effect on their sexual functioning and satisfaction.

In another study (Silver et al., 1983), authors mailed a questionnaire to approximately 100 incest victims solicited through a local paper, of which 77 or 80% responded. The questionnaire contained a self-report of resolution of the incest experience. The results indicated that 80% of the women found that engaging in sex brought back memories of the incest experience. These results suggest one reason why sexual experiences may not seem attractive to many incest victims.

Three groups of 30 women were included in the study dealing with sexual functioning by Tsai et al. (1979). The first group, the clinic/incest group, consisted of individuals seeking psychotherapy who had a history of incest. The second group, the nonclinic/incest group, consisted of women with a history of incest who had no desire for psychotherapy now or in the past and considered themselves well adjusted. The third group, the nonclinic/nonincest group, was similar to the nonclinic/incest group, but had no history of incest.

Among the instruments administered to the groups, one was a questionnaire dealing with current psychosexual functioning. The clinic/incest group reported experiencing

orgasm with intercourse significantly less often than the other groups. In addition, the clinic/incest group perceived themselves as significantly less responsive to sexual advances and were less satisfied with their sexuality. No differences were found between the other groups in these areas. Furthermore, all the groups reported the ability to achieve orgasm and satisfaction through masturbation. These results seem to indicate that part of the problem in experiencing sexual satisfaction for the clinic/incest group is contained in the relational aspects of sex.

In conjunction with this interpretation, they asked the women how many sexual partners they had. They found that 43% of the clinic/incest group, 17% of the nonclinic/incest group and 9% of the nonclinic/nonincest group had 15 or more partners. These results are reminiscent of the case report observations of promiscuity being one response to the past incest experience. Whether individuals seek multiple partners because they are unable to find satisfaction with any one partner, or whether they are experiencing some adult form of the hypersexuality seen in children, is unknown. Hopefully this will become clearer with future study.

La Barbera's study (1984) of undergraduate psychology students explored the impact of a seductive father/daughter relationship on later attitudes toward sexual interactions. The subjects were 81 females from an undergraduate psychology course who were asked to participate in the study and

also given the option to decline. The study included three tasks. A family questionnaire was imbedded with items to explore the level of sexualization in the father/daughter relationship. A personal attributes questionnaire provided information on sex role functioning. A semantic differential task provided information on attitudes toward heterosexual relationships. They found that the more sexualized the father/daughter relationship, the more negative the attitudes toward male sexuality and the stronger the attributions of danger to male sexuality. Though this study did not measure current sexual functioning, it seems highly probable that such attitudes would have harmful effects on sexual satisfaction.

Langmade (1983) included two groups of 34 female psychotherapy patients, one with a history of incest and one without. The groups were matched for various demographic characteristics. They were administered a sex anxiety inventory, the Mosher Forced Choice Sex Guilt Subscale, a current sexual behavior and satisfaction questionnaire and a personal history questionnaire. The results showed that the incest group had significantly higher sex anxiety and sex guilt than the comparison group. In addition, they experienced significantly lower sexual satisfaction and sexual activity. The experience of greater guilt and anxiety related to sex suggests another reason incest victims may experience less satisfaction with sex.

These studies provide strong support for the notion that experiencing incest has a negative effect on the individual's later attitudes toward, and enjoyment of, sex. Additionally, important internal experiences, such as memories of the incest or feelings of anxiety and guilt that accompany the behavioral problems, are being revealed. Such understanding has resulted from the comparatively large number of empirical studies that have focused on this problem.

Heterosexual Problems. A number of case studies of incest victims mention the presence of problems with heterosexual relationships that are not directly related to sex. (Boekelheide, 1978; Courtois & Watts, 1982; Courtois, 1980; Gelinas, 1983; Gordy, 1983; Gross et al., 1980; Herman & Hirschman, 1977; Rosenfeld, 1979; Rychtarik et al., 1984; Tsai & Wagner, 1978). This includes problems in all areas of male/female relating from friendship through marriage.

Several studies mention feelings of fearfulness and distrust, keeping the individual from attempting or staying with relationships (Boekelheide, 1978; Courtois & Watts, 1982; Gelinas, 1983). Reports also frequently mention difficulty due to having chosen a partner who is destructive or unstable himself (Courtois & Watts, 1982; Gordy, 1983; Gross et al., 1980; Herman & Hirschman, 1977; Tsai & Wagner, 1978).

The following studies have used empirical methods to

explore this problem. The first of these is the one conducted by Tsai et al. (1979). Researchers asked the women questions about their heterosexual relationships, current sexual functioning and satisfaction. The results indicated that the women in the clinical/incest group were significantly less satisfied with the quality of their close relationships with men than the other two groups. In addition, they found that 43% of the clinic/incest group had 15 or more partners, as compared with 17% of the nonclinic/incest group and 9% of the nonclinic/nonincest control group. These are significant differences in the number of partners in the three groups, to indicating difficulties in finding satisfactory relationships or in staying with them..

In another study, Van Buskirk and Cole (1983) administered a parental attributes questionnaire to eight women psychotherapy patients. They found that the women perceived their fathers as having three common attributes: domineering, cold and exploitative. These women perceived their husband or lovers to have the same attributes. Such attributes are not generally considered constructive to relationships, so it seems that these women may have been selecting men unable to relate well. The alternative is that they were perceiving the men in a distorted way. Either situation would lead to difficulty in heterosexual relationships.

La Barbera (1984) ranked 81 women according to how seductive their relationship with their fathers were. They

found that higher levels of seductiveness were correlated with negative attitudes toward heterosexual relations. In addition, higher levels of seductiveness were correlated with low levels of traditionally female relational traits such as expressiveness, emotionality and affiliativeness. Finally, there was a correlation between parental seductiveness and a view of male sexuality and sexual activity as dangerous and unattractive.

These three studies, and the accompanying case reports, support the notion that women with a history of incest may have difficulty not only with sexuality, but also with relating to men in a way that brings them satisfaction. There are also indications that this problem may increase, or decrease, in proportion to the characteristics of the incest experience (LaBarbera, 1984; Tsai et al., 1979).

Familial Concerns. Reports indicate that some incest victims experience problems dealing with their childhood or their adult families. For some, incest puts a strain on their relationship with their parents that may last well into adulthood. One report (Tsai & Wagner, 1978) indicated that bitterness toward the mother for her part in the incest is common. Other case reports have mentioned family problems (Courtois, 1980; Courtois & Watts, 1982; Gelinas, 1983; Van Buskirk & Cole, 1983).

Several reports mention complaints of problems the incest victim is having as a parent and the need for

assistance in this role (Courtois & Watts, 1982; Herman & Schatzow, 1984; Van Buskirk & Cole, 1983; Vidmar, 1984).

Many individuals who do not have a history of incest are seen with familial problems like those described in this section. This area has not been addressed by any empirical studies, so it is impossible to correlate these familial problems with incest.

Intergenerational Risk. Intergenerational risk refers to the potential, for those who have been victims of incest, to pass this relationship on to their own children. Although this can occur directly, by the child victim becoming an adult victimizer, it also can occur by the child victim becoming an adult who chooses a partner with the potential to sexually victimize, combined with the inability to protect the child from this potential being acted out. Many clinicians believe in the existence of the intergenerational transmission of incest. Gentry (1978) concluded that the abusing parent was an incest victim as a child. Gelinas (1983) in her article concerning adult women who have a history of incest says,

> Having been once involved in incest the victim is at risk of being involved again, in a different relational context. When the relational imbalances of her family of origin remain unfaced and untreated she is at risk for contributing to a family structure which will repeat the incestuous family constellation and in which her husband will sexually abuse one or more of their daughters. This time she will be the mother of the victim and wife of the offender. (p. 325)

In an intergenerational case study (Raphling, Carpenter

& Davis, 1967), the grandfather abused his daughters, the son abused his daughters and son, and the grandson abused his sister.

In another intergenerational case study (McFarlane & Korbin, 1978), an uncle and one of his nephews are incestuously involved with eleven girls in the extended family. The nephew reported he was aware that his uncle was involved with the girls. When the nephew had a daughter, two sisters became concerned that he would abuse her and reported the situation, confronting the nephew and preventing further incest. Meiselman (1978) also noted this tendency of adult incest victims to be highly concerned and vigilant in preventing incest.

Most case reports dealing with the effects of incest do not explore this area of intergenerational transmission. There are only two reports that document their attempts in this area. The first is a case report based on 11 patients, ages 10 to 17. During the psychiatric interviews conducted with each child and their family, no history of incest was reported in any of the parents. Boekelheide (1978) reports on three college age women and found that one girl's mother had a history of incest with her stepfather.

It is more common for studies to look for histories of incest in the perpetrator. One study (Groff & Hubble, 1984) reported on 42 fathers and stepfathers who had been convicted of abuse. In this study 2 of the 42 men reported being

sexually abused as children. Another report (Fowler et al., 1983) based on 400 individuals and families, reported that 80% of the adult perpetrators said they had been sexually or physically abused as children. Unfortunately, this study did not report the total number of adult perpetrators or what portion were sexual abuse victims as opposed to physical abuse victims.

The studies do support the multigenerational nature of incest, at least in some families. In addition, they seem to support the idea that the female victim, as an adult, may be significant in preventing further incest rather than passing it on. The evidence does not suggest that intergenerational transmission is a significant trend in incestuous families though it does occur in some families. At this time, the incidence, dynamics and circumstances of this process remain unclear. Due to the implications the transmission of incest has on future generations, it is hoped that it will be the focus of more careful study.

Summary of Relational Effects. The evidence continues to grow for the idea that incest victims commonly have problems with sexuality and heterosexual relationships. In addition, their comfort with, and enjoyment of relationships in general seems to be difficult. In contrast, some incest victims are having relational success, are happily married and are satisfied with their sexuality. Why some have problems, and others do not, remains unknown. It is not

even known what portion of incest victims are experiencing these successes.

The largest portion of empirical studies dealing with the effects of incest have focused on these relational issues (Langmade, 1983; Meiselman, 1980; Tsai et al., 1979). As a result, the difficulties incest victims experience in these areas have become more clearly understood.

Summary and Conclusion

The number of children and adult women known to have experienced an incestuous relationship is growing each year. The fact that many of these individuals seem to be experiencing various psychological and relational problems has initiated a search to understand the relationship between the incest experience and its aftereffects. This paper contains a review of the research focusing on effects observed in women and children, with the goal to evaluate the research already conducted and to discover which of the hypothesized effects of incest are supported by research evidence.

The studies conducted of the effects of incest include three types: clinical case studies, systematic empirical case studies and comparative empirical studies. The need for clinical case studies is past. Now the need is for studies which include comparison groups, consisting of individuals from nonclinic populations as well as the more accessible clinic populations, and measurement instruments

which are systematic, multiple and standardized. This type of comparative empirical study must be conducted if we are to gain an accurate picture of the short and long term effects of incest. At this early stage of exploring the impact of incest, it is crucial not to discard any of the hypothesized effects of incest until empirical research proves them unrelated. Incest victims are experiencing a wide range of psychological and relational problems, but few studies have been able to directly connect these problems with the incest experience.

However, some of the hypothesized effects have been supported. Studies have demonstrated that women with a history of incest may experience more sexual and heterosexual difficulties than other groups. The evidence suggests that incest victims have more negative feelings and attitudes toward sex. In addition, they seem to have less trust in men and male/female relationships. These findings are logically related to the nature of the incest experience. It is reasonable to expect that sexual abuse of females by males would lead to maladjustment in these areas. The research to date shows that such effects are indeed present and often persist into adulthood.

Children who have been in an incestuous relationship often engage in significantly more sexual behavior and demonstrate more interest in sex than others their age. Such children may after the incest engage in more inappropriate

sexual behavior with other children and adults. In adolescence, this behavior may take the form of promiscuity. Increased sexual behavior is very different from the avoidant behavior seen in many adult incest victims. However, young children first learn to relate interpersonally within the family context and the incest experience involves sexualizing the parent/child relationship. It seems reasonable to hypothesize that this sexualization, once learned, may be generalized to other relationships.

Evidence for other effects is more limited. Women with a history of incest may have special problems with low self-esteem and guilt. Children with an incest history may have behavior problems, difficulty with anger, and impulsivity. However, more research must be accumulated before stating that the evidence for these effects is as clear as the sexual and heterosexual effects observed.

The majority of the hypothesized effects of incest have not been supported by systematic research. These include guilt and shame, depression, self-destructive behavior, psychosomatic disorders, anger and aggression in adults, dissociative experiences and multiple personality and family problems. Additionally, the phenomenon of intergenerational passage of the incest to later generations has not been shown to occur in a significant portion of families. Incest victims are experiencing all of these difficulties and clinical case studies have hypothesized that they are causally

related to the incest. Yet, no systematic research has focused on the relationship between these symptoms and the incest experience. In order to more effectively treat incest victims, it will be necessary to understand whether these symptoms do indeed have their origins in the incest experience.

In spite of the various observed difficulties that many incest victims are experiencing, there is firm evidence that some percentage of incest victims see themselves as well adjusted and feel no need to seek professional help. Very little is known about this group primarily due to the lack of research focusing on these individuals. It is possible that some researchers do not believe this group exists. However, even if the size of this group is small, it is be important to understand what factors may have led to their better adjustment.

Finally, studies of various interaction effects need to be conducted. There are individual and family variables that may mediate the type or intensity of the effects an individual experiences. Some support exists for the notion that individuals react differently to the incest situation (Tsai, et al., 1979) depending on frequency, duration or type of sexual act performed. Other variables which may interact with the effects observed are the individual's attitudes and cognitive state, problems in the family structure, the quality of the relationship the child has with the

incestuous partner and with the nonincestuous parent and problems caused during intervention by the legal system (Meiselman, 1978). Attempts to understand the interaction of these variables with various observed effects will result in a more accurate picture than studying effects alone.

Whether or not sexual abuse has the effects described in this paper may depend to a great degree on the treatment the victim receives after the incest stops. The case studies by Bender and Blau (1937), Bender and Gruggett (1952) and Yorukoglu and Kemph (1966) show that victims who received extensive treatment afterwards had less chance of manifesting emotional problems. Treatment which deals with self-esteem and interpersonal and sexual distortions may prevent the development of painful long term effects which many incest victims face in adolescence and adulthood. A better understanding of the psychological and interpersonal impact of incest can guide these clinical efforts aimed at limiting the intensity and pervasiveness of the short and long term effects of incest.

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